

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|-------------------|-------------|--------------|----------------|
| FEE DETERMINATION | <i>E.D.</i> | <i>67094</i> | <i>8/1/99</i> |
| I.P.E. CLASSIFIER | | <i>69085</i> | <i>8-7-99</i> |
| FORMALITY REVIEW | | | <i>8-17-99</i> |

INDEX OF CLAIMS

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 Allowed I
 (Through numeral) Canceled A
 Restricted O

Non-elected
 Interference
 Appeal
 Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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IF MORE THAN 10 ACTIONS AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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